



Return with application to:  
Washington State Department of Health  
Office of Community and Rural Health  
310 Israel Road SE  
MS: 47834  
Tumwater, WA 98501

## **U.S. Department of State Exchange Visitor Attestation**

I, *(please print)* \_\_\_\_\_ hereby declare and certify, under penalty of the provisions of 18 U.S.C. 1001, that: (1) I have sought or obtained the cooperation of the ***Washington State Department of Health*** which is submitting an IGA request on behalf of me under the Conrad 30 program to obtain a waiver of the two-year home residency requirement; and (2) I do not now have pending, nor will I submit during the pendency of this request, another request, another request to any United States Government department or agency or any equivalent, to act on my behalf in any matter relating to a waiver of my two-year home residence requirement.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.**  
**Notary Public**